





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Kenneth C. Cundy et al.

Application No.: 09/972,425

Filing Date:

October 5, 2001

CONCENTRATIONS OF DRUGS AFTER ORAL ADMINISTRATION

Title: BILE-ACID DERIVIED COMPOUNDS FOR PROVIDING SUSTAINED SYSTEMIC

Group Art Unit: 1616

Examiner: BARBARA P. BADIO

Confirmation No.: 5701

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enc	losed is a reply for the above-identified patent application.				
X	A Petition for Extension of Time is also enclosed.				
	Terminal Disclaimer(s) and the \$\ \Bigcup \\$55.00 (2814) \ \Bigcup \\$110.00 (1814) fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are also enclosed.				
	Also enclosed is/are				
	Small entity status is hereby claimed.				
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submitted				
	on, for which continued examination is requested.				
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.				

Attorney Docket No. 033053-025
Application No. 09/972,425

X	No additional claim fee is required.	
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	An additional	claim fee is	required,	and is calculated	as shown below.
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AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	12	MINUS 20 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	4	MINUS 4 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds m	nultiple depen	dent claims, add \$	5290.00 (1203)		
Total Claim Amendment Fee				\$ 0.00	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee				\$ 0.00	
OTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT \$ (\$ 0.00

A check in the amount	of	_ is enclosed for the fee due.
Charge	to Deposit Acco	ount No. 02-4800.
Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: August 3, 2004

Ву

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